



Water Resources Program  
Application for a Water Right Permit

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For Ecology Use  
(Date Stamp)

- ☐ SURFACE WATER ☒ GROUND WATER ☐ PERMANENT  
☐ TEMPORARY ☐ SHORT TERM ☐ DROUGHT

Follow the attached instructions. Attach additional sheets as necessary.

\*A NON-REFUNDABLE MINIMUM FEE OF \$50.00 MUST ACCOMPANY THIS APPLICATION.

Section 1. APPLICANT

Applicant/Business Name:	Phone No:	Other No:
MARK AILANJIAN MEADOWLARK LLC	360 608 0829	360 260 9146
Address:		
7700 NE 174th STREET		
City:	State:	Zip:
BATTLEGROUND	WA	98604
Email Address (optional):		
ailanjian@comcast.net		

Contact Name (if different from above):	Phone No:	Other No:
SAME		
Relationship to Applicant:		
Address:		
14414 NE 63rd CT		
City:	State:	Zip:
VANCOUVER	WA	98686
Email Address (optional):		
ailanjian@comcast.net		

Legal Land Owner or Part Owner Name of the Proposed Place of Use:	Phone No:	Other No:
SAME		
Address:		
City:		
State:		
Zip:		
Email Address (optional):		

Section 2. STATEMENT OF INTENT

Briefly describe the purpose of your proposed project: WELL FOR DOMESTIC AND IRRIGATION AND LIVESTOCK USE AT PARCEL #195755-000

Anticipated length of time to complete your project: 2 days

**Water Use** List all purposes for which water will be applied to a beneficial use and list quantity required for each.

Purpose(s) of Use	Rate (check one box only) <input type="checkbox"/> Cubic Feet per Second (CFS) <input checked="" type="checkbox"/> Gallons per Minute (GPM)	Acre-Feet per Year (AF/YR) (If known)	Period of Use (Continuously or Seasonal)
S.F.R.	10 GPM		CONTINUOUS
35 ACRES Agricultural	50 GPM		SEASONAL
35 ACRES LIVESTOCK	50 GPM		CONTINUOUS
TOTAL:	60 GPM		

28/clock

Priority Date - 8-9-10

For Ecology Use	APPLICATION NO: 62-30552	SEPA: Exempt/Not Exempt
Fee Paid: <input checked="" type="checkbox"/>	Check No:	ECY Coding: 001-001-WR1-0285-000011



Short Term/Temporary Water Use

Is this a request for a short term project (less than four months and non-recurring)? ☐ YES ☒ NO

Is this request for a temporary permit? ☐ YES ☒ NO

If yes to either question above, indicate the dates that the water will be needed:

FROM: \_\_\_\_/\_\_\_\_/\_\_\_\_ TO: \_\_\_\_/\_\_\_\_/\_\_\_\_

Section 3. POINT OF DIVERSION OR WITHDRAWAL  
(Complete A or B, and C below)

<b>A.) If Surface Water Source</b>	<b>B.) If Ground Water Source</b>
<input type="checkbox"/> Spring <input type="checkbox"/> Creek <input type="checkbox"/> River <input type="checkbox"/> Lake <input type="checkbox"/> Other: _____	<input checked="" type="checkbox"/> Well(s) <input type="checkbox"/> Other: <u>6" CASE 198' DEPTH</u>
Source Name: _____	Well diameter & depth: <u>6" CASE 198' DEPTH</u>
Tributary to: _____	Number of proposed points of withdrawal: _____
Number of proposed diversion points: _____	Do you have an existing well? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
Do you have an existing diversion? <input type="checkbox"/> YES <input type="checkbox"/> NO	If available, attach Water Well Report and pump test.
	Well Tag ID No. <u>BAA 323</u>

**C.) Point of Diversion/Withdrawal – Legal Description**

Parcel No.	¼	¼	Section	Township	Range	County
<u>195 755 -000</u>	<u>NE</u>	<u>NW</u>	<u>17</u>	<u>3N</u>	<u>2E</u>	<u>CLARK</u>
Lot(s)	Block(s)		Subdivision			

If known, enter the distances in feet from the point of diversion or withdrawal to the nearest section corner:  
\_\_\_\_ Feet (☐ North/☐ South) and \_\_\_\_ feet (☐ East/☐ West)  
from the (☐NW ☐SW ☐NE ☐SE ☐\_\_\_\_) corner of Section \_\_\_\_.

Parcel No.	¼	¼	Section	Township	Range	County
Lot(s)	Block(s)		Subdivision			

If known, enter the distances in feet from the point of diversion or withdrawal to the nearest section corner:  
\_\_\_\_ feet (☐ North/☐ South) and \_\_\_\_ feet (☐ East/☐ West)  
from the (☐NW ☐SW ☐NE ☐SE ☐\_\_\_\_) corner of Section \_\_\_\_.

NOTE: If more than two points of diversion/withdrawal attach additional information on a separate sheet of paper.

Do you own the land on which the proposed point of diversion/withdrawal is located? ☒ YES ☐ NO

If no, do you have legal authority to make this application for use of another's land? ☐ YES ☐ NO

Provide the owner name(s), address, and phone number: \_\_\_\_\_

Section 4. PLACE OF USE

Attach a copy of the legal description of the property (on which the water will be used) taken from a real estate contract, property deed or title insurance policy, or copy it carefully in the space below.

# 74 SEC 17 T3N R2EWM						
ASSESSORS PARCEL # 195755-000						
¼	¼	Section	Twp.	Range	County	Parcel No.
<u>NE</u>	<u>NW</u>	<u>17</u>	<u>3N</u>	<u>2E</u>	<u>CLARK</u>	<u>195755-000</u>

For Ecology Use	APPLICATION NO: _____		SEPA: Exempt/Not Exempt	
	Fee Paid: _____		Check No: _____	
	ECY Coding: 001-001-WR1-0285-000011			



Do you own all the lands on which the proposed place of use is located? ☒ YES ☐ NO.

If no, do you have legal authority to make this application for use of another's land? ☐ YES ☐ NO  
Provide owner name(s), address, and phone number: \_\_\_\_\_

Are there any other water rights or claims associated with this property or water system? ☐ YES ☐ NO  
If yes, provide the water right and/or claim numbers: \_\_\_\_\_

Attach a map of your project showing the point of diversion/withdrawal and place of use. If platted property, be sure to include a complete copy of the plat map.

**Section 5. WATER SYSTEM DESCRIPTION**

Describe your proposed water system (include type and size of devices used to divert or withdraw water from source): S.F.R. DOMESTIC WATER  
IRRIGATION AND LIVESTOCK WATER AS NEEDED FOR  
AGRICULTURAL PURPOSES APPROX 35 ACRES

**Section 6. DOMESTIC WATER SUPPLY SYSTEM INFORMATION**  
(Complete A or B, and C below)

<b>A.) Domestic Water Systems only</b>	<b>B.) Municipal Water Systems only</b> <i>(defined under RCW 90.03.015)</i>
Projected number of connections to be served: <u>1 SER</u>	Present population to be served water: _____
Type of connections: <u>FUTURE - 5-7 S.F.R. HOME / S</u> <small>(e.g., home, recreational cabin)</small>	Estimate future population to be served: _____ (20 year projection)
<b>C.) Water System Planning</b>	
Do you have a Water System Plan approved by the Washington State Department of Health, Drinking Water Division? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
If yes, date plan was approved ____/____/____ Water System Number: _____	
Name of water system: _____	
Are you within the service area of an existing water system? <input type="checkbox"/> YES <input type="checkbox"/> NO	
If yes, explain why you are unable to connect to the system: _____	
_____	
_____	
_____	

**Section 7. IRRIGATION/STOCKWATER/OTHER FARM USES**

**Irrigation**

Total number of acres requested to be irrigated under this application = \_\_\_\_\_ ACRES  
NOTE: Outline the area to be irrigated on your attached map.



**Stockwater**

List number and kind of stock: VARIABLE

Is the proposed project for a dairy farm? ☐ YES ☒ NO

**Other Proposed Farm Uses**

Describe all proposed uses: CROPS, COMMUNITY GARDENS

**Family Farm Water Act (RCW 90.66):**

Calculate the acreage in which you have a controlling interest, including only:

- Acreage irrigated under water rights acquired after December 8, 1977,
- Acreage proposed to be irrigated under this application, and
- Acreage proposed to be irrigated under other pending application(s).

Is the combined acreage under existing rights greater than 6000 acres? ☐ YES ☒ NO

Do you have a controlling interest in a Family Farm Development Permit? ☐ YES ☒ NO

If yes, enter Permit No: \_\_\_\_\_

**Section 8. OTHER WATER USES**

**Hydropower**

Indicate total feet of head \_\_\_\_\_ and proposed capacity in kilowatts: \_\_\_\_\_

Describe works: \_\_\_\_\_

Indicate all uses to which power is to be applied: \_\_\_\_\_

FERC License No: \_\_\_\_\_

**Mining/Industrial Use**

Describe use, method of supplying and utilizing water: \_\_\_\_\_

**Other Use**

**Section 9. WATER STORAGE**

Will you be using a dam, dike, or other structure to retain or store water? ☐ YES ☐ NO

Are you proposing to store more than 10 acre-feet of water? ☐ YES ☐ NO

Will the water depth be 10 feet or more? ☐ YES ☐ NO

If you answered yes to any of the above questions, please describe: \_\_\_\_\_

*NOTE: If you will be storing 10 acre-feet or more of water and/or if the water depth will be 10 feet or more at the deepest point and some portion of the storage will be above grade, you must also complete an Application for Permit to Construct a Reservoir and a Dam Construction Permit and Application.*



Section 10. DRIVING DIRECTIONS

Provide detailed driving directions to the project site: IS SOUTH TO 175 STREET  
EAST TO 72nd AVE, SOUTH TO 174 STREET EAST TO  
SITE

Site Address: 7700 NE 174 TH STREET BATTLE GROUND WA. 98604

Section 11. REQUIRED SIGNATURES

I certify that the information provided in this application is true and accurate to the best of my knowledge. I understand that in order to process my application, I grant staff from the Department of Ecology access to the site for inspection and monitoring purposes. Even though the employees of the Department of Ecology may have assisted me in the preparation of the above application, all responsibility for the accuracy of the information rests with me, the applicant.

Mark Ailaujian  
Print Name  
(Applicant or authorized representative)

[Signature]  
Signature

7/5/10  
Date

\_\_\_\_\_  
Print Name  
(Legal Owner or Part Owner Place of Use)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name  
(Legal Owner or Part Owner Place of Use)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name  
(Legal Owner or Part Owner Place of Use)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

<b>*Submit your application to:</b>  DEPARTMENT OF ECOLOGY CASHIERING SECTION PO BOX 47611 OLYMPIA, WA 98504-7611	<b>Please check the region in which the project is located:</b>	
	<input type="checkbox"/> Central Regional Office 15 W Yakima Avenue, Suite 200 Yakima, WA 98902 (509) 575-2490	<input type="checkbox"/> Eastern Regional Office 4601 N. Monroe Spokane, WA 99205-1295 (509) 329-3400
	<input type="checkbox"/> Northwest Regional Office 3190 – 160 <sup>th</sup> Avenue SE Bellevue, WA 98008-5452 (425) 649-7000	<input type="checkbox"/> Southwest Regional Office PO Box 47775 Olympia, WA 98504-7775 (360) 407-6300

If you have questions about your application, contact the Water Resources program at the regional office in which your project is located.

